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CONFIRMATION NO. 3318

Bib Data Sheet

SERIAL NUMBER 10/757,362	FILING OR 371(c) DATE 01/14/2004 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 9482a
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APPLICANTS

Gina Dellanina, Irvine, CA;

**** CONTINUING DATA *******

This appln claims benefit of 60/440,134 01/15/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

04/19/2004

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

21905

TITLE

Dental hygiene device & teeth polishing method

FILING FEE RECEIVED 622	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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